

## Foster Family Home - Corrective Action Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA

Review ID: 2-190047-1

96-3065 Pikake Street

Reviewer: Carol Copeland

Pahala HI 96777

Begin Date: 6/5/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection performed to certify two client home. Home not in compliance on day of inspection. Corrective Action report issued with plan of correction due to CTA by 7/5/19.

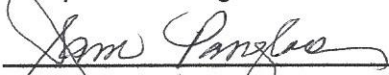
### Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) No substitute care giver documentation in home binder.

  
Compliance Manager

  
Primary Care Giver

6/12/19  
Date

06/12/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: SAM PANLAD

CCFFH Address: 96-3065 PIKAKE ST, PAHALA, HI 96771

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.6)(4)	OBTAINED A SUBSTITUTE CARE GIVER AND PUT THE REQUIRED PAPERS IN MY HOME BINDER.	06/11/19	Will keep my substitute caregiver and the papers in my home binder.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: SAM PANLAD

Date of Signature: 06/12/19